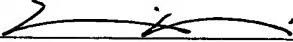
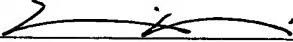
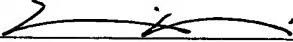


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. <b>740756-2434</b> First Inventor <b>Shunpei YAMAZAKI et al.</b> Title <b>METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE</b> Express Mail Label No. _____																																		
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231																																		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.  <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 60]  <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]</p> <p>5. Oath or Declaration [Total Pages 7]       <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Japanese Priority Document 2001-040848 Filed: February 16, 2001 <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____ / _____</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p><b>19. CORRESPONDENCE ADDRESS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label       </td> <td style="width: 40%; padding: 5px;"> <b>22204</b>  <i>(Insert Customer No. or Attach bar code label here)</i> </td> <td style="width: 30%; padding: 5px;">         or <input checked="" type="checkbox"/> Correspondence address below       </td> </tr> <tr> <td>Name</td> <td colspan="2">Eric J. Robinson</td> </tr> <tr> <td>Address</td> <td colspan="2">NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800</td> </tr> <tr> <td>City</td> <td>McLean</td> <td>State</td> <td>VA</td> <td>Zip Code</td> <td>22102</td> </tr> <tr> <td>Country</td> <td>United States</td> <td>Telephone</td> <td colspan="2">(703) 790-9110</td> <td>Fax (703) 883-0370</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Eric J. Robinson</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="3">38,285</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="2">February 14, 2002</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>22204</b> <i>(Insert Customer No. or Attach bar code label here)</i>	or <input checked="" type="checkbox"/> Correspondence address below	Name	Eric J. Robinson		Address	NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800		City	McLean	State	VA	Zip Code	22102	Country	United States	Telephone	(703) 790-9110		Fax (703) 883-0370	Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285			Signature			Date	February 14, 2002	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>22204</b> <i>(Insert Customer No. or Attach bar code label here)</i>	or <input checked="" type="checkbox"/> Correspondence address below																																		
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Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285																																	
Signature			Date	February 14, 2002																																

# FEE TRANSMITTAL FOR FY 2001

*Patent fees are subject to annual revision.*

<b>TOTAL AMOUNT OF PAYMENT</b>	\$2,562.00
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*Complete if Known*

Application Number	
Filing Date	February 14, 2002
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	740756-2434

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	19-2380
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Deposit Account Name	Nixon Peabody LLP
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- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
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## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
101	740	201	370	Utility filing fee \$740
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
<b>SUBTOTAL (1)</b>		<b>\$740.00</b>		

### 2. EXTRA CLAIM FEES

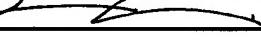
		Extra Claims	Fee from below	Fee Paid
Total Claims	105	-20** =	85 X \$18	= \$1,530
Independent Claims	6	-3** =	3 X \$84	= \$252
Multiple Dependent			\$280	=

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>\$1782.00</b>		

\*\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
105	130	205	65	Surcharge – late filing fee or oath
127	50	227	25	Surcharge – late provisional filing fee or cover sheet
139	130	139	130	Non-English transaction
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	200	200	Extension for reply within second month
117	920	460	460	Extension for reply within third month
118	1,440	720	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive – unavoidable
141	1,280	241	640	Petition to revive – unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties) \$40.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.29(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				
* Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>		<b>\$40.00</b>

SUBMITTED BY		Complete ( <i>if applicable</i> )		
Name ( <i>Print/Type</i> )	Eric J. Robinson	Registration No. ( <i>Attorney/Agent</i> )	38,285	Telephone (703) 790-9110
Signature			Date	February 14, 2002